

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT																																																																																							
	IND.		DEP.		IND.			IND.		DEP.		IND.			IND.		DEP.																																																																																		
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TOTAL CLAIMS	23	████████		████████		████████									TOTAL CLAIMS	████████		████████		████████																																																																															